EL 759668451 US

## UTILITY PATENT APPLICATION TRANSMITTAL

| PTO/SB/05 (03-01)         |                         | 10/09/01      |      |
|---------------------------|-------------------------|---------------|------|
| Attorney Docket No.:      | CS11008                 | Total Pages:  | 2    |
| First-Named Inventor      | Lazaar J. Louis         |               |      |
| or Application Identifier |                         |               |      |
| Title:                    | RF RECEIVERS WITH REDUC | ED SPURIOUS   |      |
|                           | RESPONSE FOR MOBILE STA | TIONS AND MET | HODS |
|                           | THEREFOR                |               |      |
| Express Mail Label No.:   | EL 759668451 US         |               |      |
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| Title:   | RF RECEIVERS WITH REDUCED SPURIOUS   |  |  |  |  |  |  |  |  |
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|  | RESPONSE FOR MOBILE STATIONS AND METHODS THEREFOR  |  |  |  |  |  |  |  |  |
| Express Mail Label No.:  | EL 759668451 US  |  |  |  |  |  |  |  |  |
|  | ew nonprovisional applications under 37 CFR 1.53(b))   |  |  |  |  |  |  |  |  |
| APPLICATION ELEMENTS   |  |  |  |  |  |  |  |  |  |
| (see MPEP chapter 600 concerning   | Box Patent Application   |  |  |  |  |  |  |  |  |
| utility patent application contents)   | Washington, D.C. 20231   |  |  |  |  |  |  |  |  |
| 1. X Fee Transmittal Form in duplicate   |  |  |  |  |  |  |  |  |  |
| 2. X Specification   | Total Pages 15   |  |  |  |  |  |  |  |  |
| 3. X Drawings  | Total Sheets: 5  |  |  |  |  |  |  |  |  |
| 4. X Oath or Declaration with Po   | ower of Attorney   Total Pages 5   |  |  |  |  |  |  |  |  |
| a. X Newly Executed (  | (original or copy)   |  |  |  |  |  |  |  |  |
|  | b. Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) |  |  |  |  |  |  |  |  |
| Signed state   |  |  |  |  |  |  |  |  |  |
| <ol> <li>Incorporation by Reference (useable if Box 4b is checked)         The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.     </li> </ol> |  |  |  |  |  |  |  |  |  |
| 6. Application Data sheet. See   | 37 CFR 1.76  |  |  |  |  |  |  |  |  |
| 7. Nucleotide and/or Amino A   |  |  |  |  |  |  |  |  |  |
| ACCOM  | IPANYING APPLICATION PARTS   |  |  |  |  |  |  |  |  |
| X Assignment Papers (coverage)   | er sheet and document(s))  |  |  |  |  |  |  |  |  |
| 9. 37 CFR §3.73(b) Statem  | 9. 37 CFR §3.73(b) Statement (when there is an assignee) Power of Attorney                           |  |  |  |  |  |  |  |  |
| 10. English Translation Doc  | 10. English Translation Document (if applicable)   |  |  |  |  |  |  |  |  |
| 11. X Information Disclosure S<br>(IDS)Form PTO/SB/08  | Statement 1 Copies of IDS Citations  |  |  |  |  |  |  |  |  |
| 12. Preliminary Amendment  | 12. Preliminary Amendment  |  |  |  |  |  |  |  |  |
| 13. X Return Receipt Postcard  | 13. X Return Receipt Postcard (MPEP 503) (should be specially itemized)                              |  |  |  |  |  |  |  |  |
| 14. Certified Copy of Priority Document(s)   |  |  |  |  |  |  |  |  |  |

CS11008 Page 1 of 2

SIGNATURE

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10/09/01

| 15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent  |  |         |            |          |          |            |     |                    |
|---|--|---------|------------|----------|----------|------------|-----|--------------------|
| 16. Other:  |  |         |            |          |          |            |     |                    |
| 17. IF A CONTINUING APPLICATION check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:  Continuation Divisional Divisional Part (CIP) Prior Appl. No. |  |         |            |          |          |            |     |                    |
| Prior Appl. informa   | ation: Examiner:                               |         |            |          | Group/   | 'Art Unit: | _   |                    |
|   |  |         |            |          |          |            | _   |                    |
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| NAME  | NAME   Roland K. Bowler II                     |         |            |          |          |            |     |                    |
|   | Attorney for Applicant(s)                      |         |            |          |          |            |     |                    |
| Reg. No.  | 33,477   |         |            |          |          |            |     |                    |
| ADDRESS Motorola, Inc. Law Department 600 North U.S. Highway 45   |  |         |            |          |          |            |     |                    |
| CITY  | Libertyville                                   |         | STATE    L |          | ZIP CODE |            | 3   | 60048              |
|   |  |         |            |          |          |            |     |                    |
| COUNTRY   | U.S.A. TELEPHONE 847-523-3978 FAX 847-523-2350 |         |            |          |          |            |     |                    |
| SUBMITTED BY  |  |         |            |          |          |            |     |                    |
|   |  |         |            |          |          |            |     |                    |
| NAME  | Roland K. Bowh                                 | erffi / | $\wedge$   | Re       | g. No.   |            | 3,4 | //                 |

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| FEE TRANSMITAL Patent fiees are subject to annual revision  Patent fiees are subject to annual revision  TOTAL AUGUNT OF PAYMENT  TOTAL AUGUST OF  | PTO/SB/17 (11-00)                          |             | _           |            |            | Con          | nplete if K | Cnown                                   |   |
|--|--|-------------|-------------|------------|------------|--------------|-------------|---|---|
| Patent lees are subject to annual revision  Patent lees are subject to annual revision  Fini Named Inventor  Group Art Unit  1. X The Commissioner is heady without and to charge record the subject to the subject of t |  | Application | on Nur      | nhor       |            |              |             |   |   |
| Patent fees are subject to annual revision  FIRST Named Inventor  Examiner Name  Free Name  Free CALCULATION (continued)  3. ADDITIONAL FEES  I The Commissioner is hereby subtributed to charge embodied bear and cried rary overspriment by the control of charge embodied bear and cried rary overspriment by the control of charge embodied bear and cried rary overspriment by the control of charge embodied bear and cried rary overspriment by the control of charge embodied bear and cried rary overspriment by the control of charge embodied bear and cried rary overspriment by the control of the | TRANSMITTAL                                |             |             | iloci      | _          |              |             |   |   |
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| METHOD OF PAYMENT   Serve      | B  |             |             |            | Laz        | aar J. Louis |             |   |   |
| Total AMOUNT OF PAYMENT   \$9 914.00   | Patent lees are subject to annual revision | Examine     | r Name      | 3          | +          |              |             |   |   |
| METHOD OF PAYMENT   FEE CALCULATION (continued)   SADDITIONAL FEES   Large   Small Etility   Small College or count   Name   Motorola, Inc.   Cole (S) Cole (S)   End Deposit Account Name   Motorola, Inc.   Cole (S) Cole (S)   Sucharge—lare Hing/set or count   Cole (S)   Cole (S)   Sucharge—lare Hing/set or count   Cole (S)   Cole (S)   Sucharge—lare Hing/set or count   Cole (S)   Cole (S)   Sucharge—lare Prevent   Cole (S)   Cole (S)   Cole (S)   Cole (S)   Sucharge—lare Prevent   Cole (S)   Cole   |  | Group Ar    | t Unit      |            |            |              |             |   |   |
| 1. X The Commissioner's netweek authorized to charge inducted fees and const any oversportment by:  Deposit Account Name   | TOTAL AMOUNT OF PAYMENT (\$) 914.00        | Attorney    | Docke       | t No.      | CS         | 11008        |             |   |   |
| 1. X The Commissioner is hereby authorized to charge indicated fees and cryet any exergingment by:  Deposit Account Name    Motorola, Inc.   | METHOD OF PAYMENT                          |             | $\neg \neg$ |            |            | FEI          | E CALCU     | JLATION (continued)                     |   |
| The Commissioner's review jurchinester to charge processing and the control of th |  |             |             | 2 ADD      | TIONA      | EEEG         |             |   |   |
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| Code   S   Code   C   C   C   C   C   C   C   C   C   |  |             |             | Fee        | Fee        | Fee          | Fee         |   | l   |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  | Deposit Account Name Infotoroia, II        | U           |             |            |            | Code         | (\$)        | Fee Description                         | ľ   |
| Under 37 CFR 1.16 and 1.17   | Charge Any Additional Eas Paguired         |             |             |            |            | 205          |             |   |   |
| Applicant claims small entry status.   130   130   130   130   Nor-English specification   Principle of the process of the principle of the    |  |             |             |            | 50         | 227          | 25          | Surcharge - late Provisional filing     |   |
| See 37 CFR 1.27  |  |             |             |            |            | 139          | 130         |   |   |
| 2.   |  |             |             | 1          |            | 147          | 2520        |   |   |
| 2  | 366 37 OFR 1.27                            |             |             | 147        | 2020       | 147          | 2020        |   |   |
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| Substitute   Color     |  |             |             |            |            |              |             | Examiner action                         |   |
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| Second for pay with necord norm  | Card Order                                 |             |             | 115        | 110        | 215          | 55          |   | h   |
| 1. BASIC FILING FEE  | FEE CALCULATION                            |             |             |            |            | 216          | 195         | Extension for reply within second month |   |
| 1. BASIC FILING FEEL   |  |             | _           | 117        | 890        |              |             | Extension for reply within third month  |   |
| Supplemental   Supplement   Supplemental   Supple   | 1. BASIC FILING FEE                        |             |             | 118        | 1390       | 218          | 695         | Extension for reply within fourth month |   |
| Code      | 27.010 7.2.101                             |             |             | 128        | 1890       | 228          |             |   | n   |
| Pee   Fee    | Large Entity Small Entity                  |             |             |            |            |              |             |   | . —   |
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| 2. EXTRA CLAIM FEES   Fee from   28   180   123   50    | 114 150 214 75 Provisional hing fee        |             |             |            |            |              |             |   |   |
| 2. EXTRA CLAIM FEES  | SUBTOTAL (1) (S                            | 740.00      |             |            | 50         | 123          |             |   | 4)  |
| Extra  |  |             |             | 126        | 180        | 126          |             |   |   |
| Total Citatins   |  |             |             | 581        | 40         | 581          | 40          | Recording each patent assignmen         |   |
| Total Columns   23   |  |             | _           | 140        | 710        | 246          | 355         |   | -   |
| Claims Multiple Dependent  Large Firsty Small Enthy  Enthy Small Enthy  Fee Description  Code (5) Code (6)  Fee Description  103 16 203 3  Claims in excess of 20  104 270 204 135  Multiple Dependent  179 710 279 395 Request for Continued Examination (70Ft) 4 1 129b 0  179 710 279 395 Request for Continued Examination (70Ft) 4 1 129b 0  169 900 169 900 Request for expected examination (70Ft) 4 1 129b 0  104 270 205 Request for expected examination (70Ft) 4 1 129b 0  105 80 202 40 Independent claims, not paid 110 16 210 9 "Request claims in excess d 3 Independent claims, not paid 110 16 210 9 "Request for expected examination (70Ft) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |             | -           | 140        | /10        | 240          | 000         |   |   |
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| clairs Over organia patent 110 16 210 9 "Released clairs in cross of 20 and over organia patent SUBITOTAL (2) (\$) 134.00 "OR NUMBER PREVIOUSLY PAID, IF GREATER. For Resource, see above  SUBMITTED BY Name (PrevType) Rollgrid KyBoWign V Registration No.   33,477   Telephone   Registration No.   33,477   Telephone   10/09/014  | 109 80 209 40 "Reissue independen          | t           |             |            |            |              |             |   |   |
| **Reduced by Basic Filing Fee SUBTOTAL (3) (5) 40.00  **OR NUMBER PREVIOUSLY PAID, IF GREATER, For Ressues, see above SUBMITTED BY  Name (PrevType) Rolgrid K/BOWlgr V  Registration No. 33,477 Telephone 847-523-3978   | claims Over original p                     |             |             |            |            |              |             |   |   |
| SUBTOTAL (2) (5) 134.00 **Reduced by Basic Filing Fee pold  **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Ressues, see above Pold  SUBMITTED BY  Name Previ7ypo) Roland KyBower II Registration No. 33,477 Telephone 847-523-3978   |  |             |             |            |            |              |             |   |   |
| -OR NUMBER PREVIOUSLY PAID. IF GREATER. For Resource, see above  SUBMITTED BY  Name : Previ7ype) Rolard K/BOWgr   Registration No.   33,477   Telephone   847-523-3978   |  |             |             | * Redu     | iced by E  | Basic Filing | Fee         | SUBTOTAL (3) (\$) 40.0                  | )0  |
| SUBMITTED BY Name (PreviType) Rolgrid KyBGWigr V Registration No.   33,477   Telephone   847-523-3978  | SUBTOTAL (2) (\$) 134.00                   |             |             |            |            | -            |             |   |   |
| Name (Prent/type) Rolgrid K/BoWler Registration No. 33,477 Telephone 847-523-3978  |  |             |             |            |            |              |             | Complete (if applic                     | able)   |
| Name (Pan/Type) HOland Rypowight 10/09/01  |  |             |             | Deniel     | rotlon No  | 1 00 4       | 77          |   |   |
| Mail Date 10/09/01   | Name (Pnnt/Type) Roland K/Bowler V         |             | _           | negisi     | aution No  | . 33,41      |             | Telephone   0475                        | , 5010  |
|  | Signature                                  |             | ン           | / <u> </u> | ر ا        | _            | ١,          | Mail Date 10/09/01                      |   |